

Date of Accident : 9/12/2021 Accident Time: 0740 (24-HR-FORMAT)
Accident Place : JURONG WEST AVENUE 2 before coporation
Vehicle Reg. No (Car plate No.) : GBG 6810 D Vehicle Make/Model: TOYOTA DYNA
Insurance Company : Amatiping Policy No. _____
Name of Registered Owner : Company / Individual CASEROLE CATERING SERVICES PTE LTD
ID of Registered Owner : Co Reg No: 201530426 E Owner's NRIC No: _____
Co Contact No: 63236445 Owner's Contact No: _____
DRIVER'S Name : TEO YI WEN DRIVER'S NRIC No: S 9532510 F
DRIVER'S Date of Birth : 08/09/1995 DRIVER'S License Pass Date 28/7/2016
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: _____
DRIVER'S Address : # 177 YUNG SHENG ROAD # 09-117 S610177
DRIVER'S Contact No./ Alt No. : 1) 8157 9660 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Teoyiwen@Teoyiwen1@live.com
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 0 Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMT 9472 C
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

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Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
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Other Party Driver's Particulars (if any)

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Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Cassie Catering Services Pte. Ltd.

17 Chin Bee Crescent

Singapore 619898

Tel: (65) 6323 6445 Fax: (65) 6223 5240

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

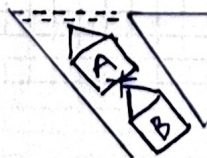
Witnessed by Reporting Centre
Personnel

Sketch Plan

CORPORATION

Vehicle A: GBG 6810D

Vehicle B: SMT 9472C



JURONG WEST AVE 2

Describe Circumstances of the Accident

On 9/12/2021 at around 0740 am, I was travelling in my vehicle GBG6810D on Jurong West Avenue 2. As I enter the slip road to CORPORATION ROAD. I slowed down and stopped to check the main road traffic. Suddenly I felt a huge impact on the rear, I realised vehicle B (SMT9472C) has collided onto my vehicle rear portion causing damages. We took photos and exchange particulars and proceed to file for insurance claims. After the accident, I felt pain and discomfort and consulted a doctor at my neighbourhood and was given 2 days mc.

Declaration

We declare the foregoing particulars are true in every respect.

Casserole Catering Services Pte. Ltd.

17 Chin Bee Crescent

Singapore 619898

Tel: (65) 6323 6445 Fax: (65) 6223 5246

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Motor Commercial

MZ300/C

R SN

AN0421A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00110072103

Engine No.: 1KD2746219

Cha. No.: JTFAT35Y30K209014

1. Index Mark and Registration
Number of Vehicle

GBG6810D

AUTOSAFE
=====

2. Name of Policy Holder

CASSEROLE CATERING SERVICES PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment28/09/2021
(00:00:00)Excess Sect I. S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

27/09/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer
Authorised Signatory